

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 60095
 START CARD # 146642

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER James Smaskal Well Number 21
 Name JAMES Smaskal
 Address 48142 New Palace Dr.
 City Banks State OR Zip 97106

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 725 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	38	Concrete	10	38	10 sacks
8	38	725	Barite	0	10	4 sacks

How was seal placed: Method A B C D E
 Other Poured Barite

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	12	38	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 8" 36'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE							

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Time
25		725	1 hr.

Temperature of water 59° Depth Artesian Flow _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Washington Latitude _____ Longitude _____
 Township 19 N or S Range 40 E or W. WM.
 Section 35 NW 1/4 NW 1/4
 Tax Lot 5200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Crown Creek Rd
New Crown Pit Enterprise OR

(10) STATIC WATER LEVEL:
600 ft. below land surface. Date 10-7-02
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 750

From	To	Estimated Flow Rate	SWL
750	785	20	600

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	0	2	
Brown Basalt	2	30	
Black Basalt	30	45	
Clay Soft Red Rock	45	70	
Red Clay	70	100	
Fractured Black Basalt	100	200	
Soft Red Rock	200	230	
Fractured Black Basalt	230	420	
Soft Red Brown Rock	420	445	
Fractured Brown Basalt	445	490	
Vascular Brown Basalt	490	520	
Fractured Black Basalt	520	670	
Black Basalt	670	750	
Fractured Black Basalt	750	785	600

Date started 10-2-02 Completed 10-7-02
 (unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 Signed Michael J. Kelly WWC Number 1737 Date 10-19-02

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Robert J. Huff WWC Number 410 Date 10-19-02

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 SEP 26 2006
 WATER RESOURCES DEPARTMENT
 SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 6096
 START CARD # 14649

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER JAMES Smetak Well Number 2nd
 Name JAMES Smetak
 Address 48142 NW Palms Dr
 City BANKS, OR State OR Zip 97106

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 860 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	38	Concrete	21	39	105 sacks
8	38	860	Portland C	21	21	8 sacks

How was seal placed: Method A B C D E
 Other Paired Bentonite

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to NONE ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	12	38	25.75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 8' 38"

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

NONE

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Time
15 @ 30		850	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 58° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County WALLA WA Latitude _____ Longitude _____
 Township 35 N or S Range 40E E or W. WM.
 Section 35 NW 1/4 NW 1/4
 Tax Lot 3708 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Crow Creek Rd
Above Gravel Pit Enterprise OR

(10) STATIC WATER LEVEL:
540 ft. below land surface. Date 10-10-02
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 830

From	To	Estimated Flow Rate	SWL
830	860	30	541

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	0	3	
Black Basalt	3	45	
Fractured Black Basalt	45	70	
Red Clay + Soft Rock	70	90	
Fractured Black Basalt	90	160	
Red Clay + Soft Rock	160	205	
Fractured Black Basalt	205	410	
Fractured Red Basalt Clay	410	445	
Fractured Brown Basalt	445	570	
Vascular Basalt w/Clay	570	560	
Vascular Red Rock	560	590	
Fractured Black Basalt	590	730	
Vascular Black Basalt	730	810	
Fractured Brown Basalt	810	830	
Fractured Black Basalt	830	860	540

Date started 10-7-02 Completed 10-10-02
 (unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 Signed Michael J. [Signature] WWC Number 1737 Date 10-19-02

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Robert [Signature] WWC Number 415 Date 10-18-02

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STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 60697
 START CARD # 146641

Instructions for completing this report are on the last page of this form.

(1) **LAND OWNER** Well Number #3
 Name JAMES R. SMETKAL
 Address 48143 NIM PALMS DR
 City Banks State OR Zip 97106

(2) **TYPE OF WORK**
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) **DRILL METHOD:**
 Rotary Air Rotary Mud Cable Auger
 Other

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 605'
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To	From To	
12"	0 28'	Concrete	20 58'	2 Sacks	
8"	28 605'	Portland	0 20'	9 Sacks	

How was seal placed: Method A B C D E
 Other Poured Portland

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Diameter	From To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	12 38'	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	7 48 5/8		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 8" 38'

(7) **PERFORATIONS/SCREENS:**
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
410'	480'	5/16"	100	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) **WELL TESTS:** Minimum testing time is 1 hour
 Pump Bailor Air Artesian
 Yield gal/min 30 Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 58° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other _____
 Depth of strata: _____
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 SALEM, OREGON

(9) **LOCATION OF WELL** by legal description:
 County WALLOWA Latitude _____ Longitude _____
 Township 13 N or S Range 45E E or W. WM.
 Section 35 NW 1/4 SW 1/4
 Tax Lot 3702 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Crow Cr. & K Rd
Enterprise OR

(10) **STATIC WATER LEVEL:**
480 ft. below land surface. Date 10-17-02
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
540	580	30	480

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Black Basalt	1	45	
Vascular Brown Basalt			
4 CLAY Fractured Basalt			
Scams	45	245	
Fractured Brown Basalt	245	365	
Sat Red Rock			
Fractured Black Basalt	365	410	
Vascular Brown Basalt	410	430	
Fractured Black Basalt	430	540	
Fractured Brown Basalt	540	580	
Fractured Black Basalt	580	605	480

Date started 10-11-02 Completed 10-17-02

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 Signed Michael J. [Signature] WWC Number 1737 Date 10-19-02

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Robert W. [Signature] WWC Number 415 Date 10-19-02